

DRAFT RECOMMENDATION NINE

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Instructions: Use the [Information Sheet](#) describing the required design elements needed for each recommendation to draft your ideas on how the State of Washington can support having more qualified medical interpreters.

1.	<p>Testing entities</p> <ul style="list-style-type: none"> • Must have expertise and sustainable resources to develop and update tests. • Must have the necessary technology to deliver online tests. • Must have the resources to maintain and update the technology routinely. • Must have processes that align with national and industry standards of medical interpreter testing.
	<p>Simultaneous approach</p> <p>State agencies should not wait for funding and should be developing their own packages but in the interim:</p> <ul style="list-style-type: none"> • State agencies should be developing their own decision packages to support LEP accessibility that include sustainable funding w/ a process for tuition assistance and accessible testing locations that have a proctoring element • Approach a partnership with university and or community college boards to be the testing centers w/ proctor monitoring (funding the testing locations w/ proctors ... this kind of process already exists on campus' – it is like renting and proctors are paid by the hour after they pass the proctor process) • WA State cannot continue on the legacy of being a leader on an 'old' test and should be developing linguistically responsive and culturally responsive test approaches that are not 'one size fits all' (language support cannot all be the same for all populations) and a more successful approach is not view design through a mono-lingual lens where the systems are developed primarily for an English literate population. • Remaining mindful that if testing populations present a need for tuition assistance, supplemental curriculum, tech accessibility or nuanced dynamics specific to supporting an agency's need ... the colleges could provide prep courses (resulting as a feeder population). Work-first programs that credential child care cert programs have been doing a version of this for years. • Tuition could be funded by the sponsoring agency or the higher ed institution via an articulation agreement process between state agency and higher ed depending on who has the grant funding • Credentialing or at least college credit could be awarded by higher ed institution – potentially towards a degree ... content specific credentialing (medical, court, regulatory, etc. BUT all WA State agency specific) and a Statewide pool/database could be accessible to ONLY agencies that is part of the funding source consortium that have been awarding funding via their 'approved' decision packages by Leg • National content credentials could be accepted, but w/ meeting the WA State content w/in a time frame – this will control some the quality of service, but accountability of service will need a more substantial rigor matrix • Content is the agreed upon curricula for WA State – that is nimble to the influx of migration need that is pro-active and not re-active

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	<p>2nd on-going plan:</p> <ul style="list-style-type: none"> • State should continue credentialing w/ the national organizations to address the bottleneck to certifying and staff shortages • Researching the national testing content to potentially revise for passing at levels of upgrade and not just ‘all or nothing’ • Searching for tests that are more universal – potentially looking at testing generated in other countries for fluency of that 1st language to English as the 2nd language (which is the opposite of what is the approach now – in my experience)
2.	<p>Technology</p> <ul style="list-style-type: none"> • 24/7 access to registration/scheduling. • Virtual testing, or easily accessible test centers. • Virtual proctors / ID verification available (e.g., through ProctorU service) • Quick written test score reporting turn-around (immediate or within 48 hours for written tests). • Reasonable cost to candidates based on industry standards.
3.a.	<p>Prerequisites and screening</p> <ul style="list-style-type: none"> • Proof of bilingual and multi-lingual proficiency: Passing score of a formal test, school diplomas of education conducted in the target language, experience living in the target language-speaking country, and documented work experience. • Training in interpreting skills.
3.b.	<p>Test content</p> <ul style="list-style-type: none"> • Proficiency in English and target languages. • Domain knowledge: Healthcare system, medical terminology, and procedures • Medical interpreter ethics. • Interpreting skills (e.g., sight translation, consecutive interpretation, and memory retention).
3.c.	<p>Test quality</p> <ul style="list-style-type: none"> • Tests must meet national standards and federal requirements. • Tests must be valid and reliable. • Testing entities must provide reports demonstrating test validity and reliability
4.	<p>Resources to support clients and healthcare providers</p> <ul style="list-style-type: none"> • A platform accessible by healthcare providers to look for interpreters. • Approved continuing education (CE) courses. • Certification distribution and revocation systems. • Customer complaint resolution process. • Other customer services.